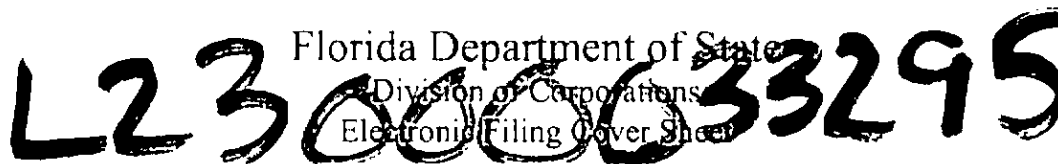


3/3/23, 9:47 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000082212 3)))



H2300008221234BCU

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: oleg@rollaleaf.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROLLALEAF LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit # H230000822123

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RollaLeaf LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/24/2023 and assigned
Florida document number 123000033295.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

974 Explorer Cove, Suite 128

(Principal office address MUST BE A STREET ADDRESS)

Altamonte Springs, Florida 32701

Enter new mailing address, if applicable:

974 Explorer Cove, Suite 128

(Mailing address MAY BE A POST OFFICE BOX)

Altamonte Springs, Florida 32701

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Oleg Spiridonov	7012 Louise Ave, Van Nuys, CA 91406	☐ Add
			☒ Remove
			☐ Change
AMBR	Oleg Spiridonov	974 Explorer Cove, Suite 128	☒ Add
		Altamonte Springs, Florida 32701	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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Fax Audit # H23000082212 3

D. If amending any other information, enter change(s) here: *Change in Internal Checks of Tax system*

E. Effective date, if other than the date of filing: _____ (optional)

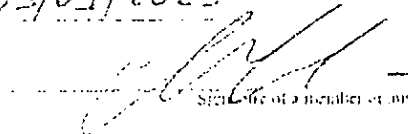
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing (Pa. statute 405 (207)(5) b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's record.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated:

03/01/2023



Signature of a member or authorized representative of a member

Oleg Spiridonov, Member

Type for jurisdiction of state

Filing Fee: \$25.00

Fax Audit # H23000082212 3